

STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1951

State File No. 41198

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 225	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (If this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln		12-29-50	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks				d. STREET ADDRESS (If rural, give location) 726 S. 18th St.			
3. NAME OF DECEASED (Type or Print) Earl		a. (First)		b. (Middle) Willoughby		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-12-91	
9. AGE (In years last birthday) 59		10. MONTHS 7		11. DAYS 17		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Reynolds, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Winfield S. Willoughby		13b. MOTHER'S MAIDEN NAME Catherine Crow		14. NAME OF HUSBAND OR WIFE Faye E. Shadley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-10-9328		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Darrell Willoughby, Carthage, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 30 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 14 mo DUE TO (c) 4 1/2 mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation 2 1/2				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 12, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Albert B. Wheeler (Deedee or title)		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 12-29-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-29-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lincoln, Nebraska	
DATE REC'D BY LOCAL REG. 12-29-50		REGISTRAR'S SIGNATURE R. B. Clinton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ULMER FUNERAL HOME, Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-2-51
Jasper County Health Office

County File Number 50-12-962

Date Filed 1-2-51

MAR 14 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4731

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.